Form 5500-SF

Department of the Treasury Internal Revenue Service

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of 2012

OMB Nos. 1210-0110

1210-0089

Department of Labor This Form is Open to Public the Internal Revenue Code (the Code). Employee Benefits Security Administration Inspection Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF. **Annual Report Identification Information** For calendar plan year 2012 or fiscal plan year beginning and ending a single-employer plan a one-participant plan A This return/report is for: a multiple-employer plan (not multiemployer) **B** This return/report is: the first return/report the final return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan Three-digit plan number INTERWEST DEVELOPMENT N.W., INC. 401(K) RETIREMENT SAVINGS PLAN 001 (PN) • 1c Effective date of plan 01/01/1998 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number INTERWEST DEVELOPMENT N.W., INC. 91-1518872 (EIN) Sponsor's telephone number 360-829-5051 28201 HWY 410 EAST BUCKLEY, WA 98321 Business code (see instructions) 238900 **3a** Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PΝ Total number of participants at the beginning of the plan year 90 5a **b** Total number of participants at the end of the plan year..... 5_b 61 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. Filed with authorized/valid electronic signature. 10/09/2013 **BILL SELANDER** SIGN **HERE** Signature of plan administrator Enter name of individual signing as plan administrator Date 10/09/2013 SIGN Filed with authorized/valid electronic signature. **BILL SELANDER HERE** Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional) BENEFITS GROUP NORTHWEST, INC. 206-878-0688 23830 PACIFIC HIGHWAY S. SUITE 332 KENT, WA 98032-7734

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Pai	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of	Year		
a	Total plan assets	7a	146317				(0) = 110 01	127579	В	
	Total plan liabilities	7b		0)	
	Net plan assets (subtract line 7b from line 7a)	7c	146317					127579	3	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total			
	Contributions received or receivable from:		(a) Amount				(5) 100	<u> </u>		
	(1) Employers	8a(1)		0						
	(2) Participants	8a(2)	4370)5						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	15222	22						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						19592	7	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	38330)6						
е	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		0						
q	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						38330	6	
	Net income (loss) (subtract line 8h from line 8c)	8i						-18737		
	Transfers to (from) the plan (see instructions)	8j		0				10.0.		
Par	t IV Plan Characteristics	oj		0						
	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:									
b	 2E 2J 2K 2G 2F b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 									
Part	t V Compliance Questions					1	1			
10	During the plan year:			•	Yes	No	Α	nount		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	rection Program)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х				
С	Was the plan covered by a fidelity bond?			10c	X				000	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		Х				
е										
	insurance service or other organization that provides some or all o				_					
	instructions.)			10e	X				7	570
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g	X				93	321
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			10i						
Part						I				
11	1 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form									
110										
11a							Nic			
12	to the discontinuous plant earliest to the minimum tending requirements of earliest to the discontinuous earliest to the minimum tending requirements of earliest to the discontinuous earliest earliest to the discontinuous earliest to the discontinuous earliest earliest to the discontinuous earliest ear					No				
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling									
a	granting the waiver	-			, and	enter tr Day		letter ru ear	ııng	_
If	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.									
b	Enter the minimum required contribution for this plan year					12b				

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	Enter the amount contributed by the employer to the plan for this plan year	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A	
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control	rol Yes X No		
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to			
1	3c(1) Name of plan(s):	1 3c(2) E	IN(s)	13c(3) PN(s)	
Part	VIII Trust Information (optional)				
	Name of trust	14b ⊤	rust's EIN		

Form 5500-SF

Department of the Treasury internal Revenue Service

Department of Labor

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of

OMB Nos. 1210-0110 1210-0089

2012

Employee Benefits Security Administration	pologo Benefile Security Administration the Internal Revenue Code (the Code).								
Pension Benefit Guaranty Corporation	Increation								
Partil Annual Report Id	entification Information								
For calendar plan year 2012 or fisca		01/01/2012	and ending	12	/31/2012				
A This return/report is for:	a single-employer plan	a multiple-employer	plan (not multiemployer)	<u> </u>					
B This return/report is:		the final return/repor		ـــا	1 a one-particip	an plan			
This return report is.	·		•						
<u>_</u>	= =	a short plan year ret automatic extension	urn/report (less than 12 m	onths)	-				
C Check box if filing under:	DFVC program								
Į	special extension (enter description	٦)							
Pantill Basic Plan Inform	nation enter all requested inform	mation							
1a Name of plan				1b Three-digit					
Interwest Developmen	t N.W., Inc. 401(k) Reti	roment Sarrings	D1 = n		plan number 001				
Interwest beveropmen	t N.W., INC. 401(K) Recli	rement bavings	Fian	(PN) ► 001 1c Effective date of plan					
					1/01/1998	rpian			
2a Plan sponsor's name and addre	ess; include room or suite number (e	mplover, if for a sing	e-employer plan)			fication Number			
Interwest Developmen	t N.W., Inc.				EIN) 91-151				
					Sponsor's telepi				
20201 Herr 410 Foot					(360) 829-5				
28201 Hwy 410 East				2d E	Business code (see instructions)			
US Buckley	WA 98321				38900				
	address X Same as Plan Sponsor	Name Same as	Plan Sponsor Address	3b A	dministrator's I	ΞΙΝ			
		_							
				30 4	double test and a	-11			
				JC A	oministrators i	elephone number			
If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN									
If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.									
a Sponsor's name									
	the beginning of the plan year			5a	90				
	the end of the plan year			5b		61			
	count balances as of the end of the p					0.1			
complete this item)			ent plante de not	5c		33			
	ring the plan year invested in eligible					X Yes No			
b Are you claiming a waiver of the	e annual examination and report of a	n independent qualifi	ed public accountant (IQF	'A)					
	See instructions on waiver eligibility a		***************************************	•		X Yes No			
If you answered "No" to eithe	er line 6a or line 6b, the plan canno	t use Form 5500-SF	and must instead use F	orm 5	500.				
Caution: A penalty for the late or	incomplete filing of this return/rep	ort will be assesse	d unless reasonable cau	ıse is e	stablished.				
						ahle a Schedule			
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and									
belief, it is true, correct, and comple	ete.								
SIGN S	DER								
HERE Signature of plan admini	ral signing as plan administrator								
PICESTROME.	St uto	Date	Litter traffic of fridividual	agmi	as plati autili	istrator			
SIGN									
HERE Signature of employer/plan sponsor Date Enter name of individual signature.									
Preparer's name (including firm nam	ne, if applicable) and address; includ	e room or suite numb	per (optional)	Prepare	er's telephone r	number (optional)			
Benefits Group Nortl	hwest, Inc.			(20	6) 878-068	18			
23830 Pacific Highwa	ay S.								
Suite 332				TING NETTERN	avia modile i mario e	lat to the management of positions and the control of the control			
			E						
US Kent	WA 98032-7734								

P	Rantills Financial Information								
新尼	Plan Assets and Liabilities		(a) Beginning of Year		T		(b) End of	Year	
- <u>·</u>	Total plan assets	7a	1,463,1	77	1,275,798				
b	Total plan llabilities	7b		0				0	
C	Net plan assets (subtract line 7b from line 7a)	7c	1,463,1	77	1,275			1,275,798	
8	Income, Expenses, and Transfers for this Plan Year	調調調	(a) Amount		(b) Total			tal	
а	Contributions received or receivable from: (1) Employers	8a(1)		0					
	(2) Participants	8a(2)	43,7	05					
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b	152,2	22					
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			27			195,927	
d	Benefits paid (Including direct rollovers and insurance premiums to provide benefits)	8d	383,3						
е	Certain deemed and/or corrective distributions (see instructions)	8e		0	主				
f	Administrative service providers (salaries, fees, commissions)	8f		0	The Control of	12 77 77 77	SATES THE PARTY OF STREET		
g	Other expenses	8g		0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			1			383,306	
i	Net income (loss) (subtract line 8h from line 8c)	8i		整體	H			(187,379)	
ī	Transfers to (from) the plan (see instructions)	8j		0					
P	Plan Characteristics								
	If the plan provides pension benefits, enter the applicable pension fe	eature code	es from the List of Plan Charac	teristi	ic Cod	es in f	he instruction	ons:	
-	2E 2J 2K 2G 2F								
b	If the plan provides welfare benefits, enter the applicable welfare fea	iture code:	s from the List of Plan Characte	eristic	Code	s in th	e instruction	ıs:	
ND.	TAVE Compliance Questions								
10	During the plan year:	*			Yes	No	۵	mount	
	Was there a failure to transmit to the plan any participant contribute	tions withir	n the time period described in	T	163	140		intount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	iary Corre	ction Program)	10a		x			
t.	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		x			
C	Was the plan covered by a fidelity bond?		***************************************	10c	x			1,000,0	00
C	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-	· ·	10d		х			
е									
	insurance service or other organization that provides some or all o instructions.)			10e	ж			7,5	70
f	Has the plan failed to provide any benefit when due under the plan	1?		10f		х			
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g	x			93,3	21
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		х			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required	notice or one of the	10i					
Part Vie Pension Funding Compliance									
	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)								
11	a Enter the amount from Schedule SB line 39		***************************************			11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver							e letter ruling Year	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (Forn	n 5500), and skip to line 13.						
b	b Enter the minimum required contribution for this plan year								

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C	Enter the amount contributed by the employer to the plan for this plan year		12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (en negative amount)	ter a minus sign to the left of a	12d		
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the funding de	adline?		Yes [] No □ N/A
Part	Milia Plan Terminations and Transfers of Assets				
<u>13a</u>	Has a resolution to terminate the plan been adopted in any plan year?	***************************************	☐ Ye	es X No)
	If "Yes," enter the amount of any plan assets that reverted to the employer this y	rear	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to of the PBGC?	control Yes X			
C	If during this plan year, any assets or liabilities were transferred from this plan to which assets or liabilities were transferred. (See instructions.)				
1	3c(1) Name of plan(s):	130	c(2) EIN(s)		13c(3) PN(s)
Part	VIII Trust Information (optional)				
14a i	Name of trust	14b Trust's EIN			

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